Catholic Social Teaching guides the Church’s response to AIDS

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Scripture:  Be cured

After Jesus had come down from the mountain large crowds followed him. A leper now came up and bowed low in front of him ‘Sir,’ he said, ‘if you want to, you can cure me.’ Jesus stretched out his hand, touched him and said, ‘Of course I want to! Be cured!’ And his leprosy was cured at once. Then Jesus said to him, ‘Mind you do not tell anyone, but go and show yourself to the priest and make the offering prescribed by Moses, as evidence for them’. (Matthew 8: 1-4)

The Social Teaching of the Church

• “The Church’s social doctrine has the same dignity and authority as her moral teaching.”
• “The Church shows her concern for human life in society. Social doctrine has the task of proclamation, but also of denunciation.”
• “Everyone has the right to enjoy the conditions of social life that are brought about by the quest for the common good.”

Our Catholic Church Structure in response to AIDS

The Southern African Catholic Bishops’ Conference (SACBC) has its headquarters in Pretoria. Its AIDS Office co-ordinates the work of the Catholic Church around AIDS in South Africa, Swaziland and Botswana (the SACBC territory), and has some links in Namibia and Lesotho. It

• Supports diocesan and parish projects around prevention, care of the sick and dying, orphan care and treatment.
• Urges the spiritual and pastoral support of people affected by AIDS.
• Promotes advocacy around care for children and access to treatment.
• Works with other people of good will, NGOs, other churches, government departments.
• Facilitates training and capacity building in project and financial management, prevention, HIV and AIDS care, care and support for children, delivery of treatment, spiritual and pastoral support.

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1 Quotations from Scripture taken from the New International Version
2 References to the Church’s Social Teaching taken from the Compendium of the Social Doctrine of the Church, Pontifical Council for Justice and Peace, Paulines, 2004, passim
Each diocese in turn has its own structures responding to AIDS in collaboration with diocesan co-ordinators, diocesan/parish AIDS committees, parish pastoral councils, and provincial and local government structures.

**The Catholic Church is Us, the People of God**

Sometimes seen by people as the pope and the bishops, the Church is also us, the ordinary people of God; it is hierarchical and also local, not one without the other. This matters because we are all challenged, not just leadership, and not just those who do the work on the ground. The Church is doing an enormous amount to respond to AIDS; it could be doing still more. Catholics are a small percentage of the total population, with a response disproportionate to our numbers. And still many Catholics, like many other people, are indifferent and uninvolved.

The Church as been involved in the education and care of people from its very beginnings; the setting has changed, but the mandate hasn’t. The Second Vatican Council reminds us of our calling to share in the mission of Jesus and the Church. By virtue of our baptism we are called to holiness and to share the good news with others; we all share in the priesthood of Jesus. Our work has the kingdom of God as its goal; our work is for the sake of others, not simply for what we can get out of it. This is important since in the “business” of AIDS there are many mercenaries. I suggest that it is our identity as Catholics, and our faith commitment, that drives our response to AIDS. Most directors of Catholic AIDS projects are not there because of financial reward.

**AIDS in our Region**

South Africa remains the country with the highest number of people infected by AIDS in the world. The number of infections is estimated at 6.2 to 6.7 million people. (India may be overtaking us, but we cannot compare total populations.) Swaziland and Botswana are the two most affected countries population-wise, around 40% of the population. Rates of infection have not yet begun to drop; and numbers of people dying continue to rise. All classes and races are affected by AIDS, but the poor are less able to cope with the consequences of sickness. AIDS isn’t caused by poverty, but often exacerbates poverty.

We are seeing drug resistant forms of TB among people with AIDS. It can be said that not enough emphasis is given to addressing and treating TB. Other sexually transmitted diseases (STDs) are not always sufficiently recognized as co-factors in the spread of HIV.

AIDS is a lens through which we can view the world and the Church. The cracks and gaps, shortcomings and inadequacies, injustices and personal ambitions are evident. We see the world for which Jesus died.
Scripture: Choose seven men from among you

“It would not be right for us to neglect the ministry of the word of God in order to wait on tables. Brothers, choose seven men from among you who are known to be full of the Spirit and wisdom. We will turn this responsibility over to them, and will give our attention to prayer and the ministry of the word.” (Acts 6: 2-4)

Social Teaching: The Church at the Service of the World

- “The Gospel encounters the problems of people on their journey through history.”
- “The Church journeys along the roads of history together with all of humanity. She is called to serve the world.”
- “The Church’s social doctrine is an integral part of her evangelizing ministry.”

Our work to address AIDS

Catholic Social Teaching provides a blueprint: we know we are called to work for the common good, promote the option for the poor, and value the dignity of every human person. “Deus caritas est” (of Benedict XVI) speaks of the works of mercy of the Church - church language for what we are about in the fight against AIDS.

Our work
- needs to focus far more on prevention, ultimately the key to turning the epidemic round
- must be about education and catechesis
- is in a large measure a response to those who are sick
- is a continuation of the mission of Jesus who entered our human condition
- makes increasing provision for orphans and vulnerable children
- reminds us that clichéd definitions of family life aren’t enough
- shocks us into recognizing that the lives of young people are so at risk
- must continue to lobby for access to treatment and for the provision of various rights often denied to the poor and marginalised
- is about the spiritual and pastoral care of all people
- is about sharing in the mission of Jesus
- is challenged by the structural socio-economic problems underlying the spread of HIV
- challenges us to confront injustices and addressing inequities
- demands that we engage constantly in reflection and praxis
- is bigger and more than individual personal agendas
- calls for collaboration and inter-faith dialogue
- stretches us to go beyond comfortable boundaries
- exposes us to the sordidness of real life and the ugliness of sin
Prevention

Ultimately prevention is key if the epidemic is to be halted. Often the Church’s voice is not heard because its message isn’t what people want to hear: abstinence before marriage, chastity and fidelity within marriage. The messages we hear in our modern society value the now moment, instant gratification. Condom messages whether pro or against have largely been unhelpful because they have been one-sided and dishonest, making claims that are often not true. Life-skills programmes, some of them abstinence –based, are sometimes seen as unrealistic in the ideals they promote, given the real situations in which young people live, the context in which HIV is readily transmitted between people.

Fundamentalist values sometimes focus only on personal sin and wrong-doing seen as a cause of infection rather than on looking at structural injustices in society that need to be rooted out. Structural injustices are far more difficult to tackle.

Cultural norms and practices, eg wife inheritance, dry sex, polygamy, and also the breakdown in cultural norms, often make it difficult to talk about issues related to sexuality. Sexuality issues are often taboo. Even marriage is not the place where one is safe. First sexual intercourse needs to be delayed as long as possible since HIV is largely sexually transmitted. Gender inequality makes girls and women more vulnerable to infection than men. We know very little about sexual practices between couples, within cultures, and in society.

Some questions we need to ask ourselves:

- Where and why have we as Church and society missed the boat? Why is our work in the area of prevention so difficult?
- How does society view power in relationships? How do we as church begin to address the violence present in so many relationships?
- What role do we see for voluntary counselling and testing before marriage?
- How should we in the Church be addressing sexuality issues among children? Youth? Adults?
- Why is the voice of the Church so often derided in the arena of sexuality and sexual issues? What do we need to be saying?

Care of the sick and those affected by AIDS

Care and support is at the forefront of the Church’s response, one that calls on care-givers to be in it for the long haul, and beyond the call of duty. Religious women and Catholic nurses spearhead the Church’s response to AIDS on our continent; take them out of the equation, and the Church’s response to AIDS would largely collapse. By and large women bear the burden of the AIDS pandemic, caring for their own sick family members as well as for neighbours, and often also taking on the care and support of children affected by AIDS. Most people still in South Africa who need treatment are not receiving it and are dying untreated. Care-givers carry the emotional and psychological
stresses of coping with so much sickness and dying. Some care facilities have an average rate of more than one death per day, and most people who are dying are young. Traditional African healing alongside (sometimes in conflict with) western forms of healing needs to be addressed.

Care for the sick is often extended to become care for children and families affected by AIDS since the care of orphans and widows is seen as something the Church has always felt called to. And yet so many more children in child-headed households need support, as do those in day care or in residential care. Psycho-social support for children takes care and support beyond the basic need for food, clothing, housing. Basic security needs are often addressed more readily than are needs for psycho-social support. Children are cared for by family members, in adoptive families, in various kinds of child care facilities. Traditional security nets and social systems are not coping. Many children fall through the cracks, while many other children are quite resilient; as Church and society though we owe them more than often we provide.

- How can parishes and families become more involved pastorally in the care and support of children?
- How do we as church community support those who bear the daily burden of caring for the sick and dying?
- What more does the mission of Jesus challenge us to do?

Scripture: Come you who are blessed

“Then the King will say to those on his right, ‘Come you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in. I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’” (Mt 25: 34-36)

Social Teaching: The Church and Human Dignity

- “Dignity of the human person: in all dimensions, personal and social, spiritual and corporeal, historical and transcendent.”
- “The Church sees in every person the living image of God himself”.
- “We need to respect the dignity of children.”
- “All social values are inherent in the dignity of the human person”.

Pastoral Care

People are hungry for the word of God and the healing mission of the Church and of Jesus continues to challenge individual people and whole communities today. We are challenged to make spiritual and pastoral care for those infected and affected by AIDS a priority in our church communities. Mostly pastoral care doesn’t cost money, but we are often weak in the area that should be our strength. On the other hand sometimes home based care projects, day care centres for orphans, and treatment centers are like “house
churches”, another form of the local church where people can tell their stories and are listened to, where they pray for one another. Compassion, recognition, human dignity are the values that count.

Linked to cultural and religious taboos around death, sex, and linked to issues of shame and guilt we often find stigma, denial and discrimination which need to be challenged, in the Church as well as in society. Confidentiality issues are often confused with unhealthy secrecy/silence, and people keep silent when it would be more healthy for them to confide in someone they can trust. Stigma is an attitude towards people who are seen somehow as deserving of what happens to them. So eg God is seen as punishing someone. Discrimination is an action against people who may find themselves shunned, excluded. They/we experience homophobia rather than inclusion and welcome. Denial is prevalent and problematic: eg, AIDS is not serious, can be explained away, can be cured, isn’t caused by HIV, can be dealt with by eating a balanced diet, doesn’t exist, is the result of witchcraft.

• How do we bring Jesus into the lives of people who are sick and in need?
• What are our new forms of evangelisation?
• How have we experienced the role of women religious? Of clergy?
• What does a pastoral response bring to a situation of AIDS that a government response doesn’t bring?
• How are we called as Church to help to break the silence and to be good news?

Treatment, a sign of hope

People receiving treatment are given hope, go back to work, care for their own children; children can go to school. Prevention of Mother to Child programmes can help to prevent babies becoming infected, but are increasingly seen as problematic if mothers themselves are not put on treatment. There are about 8000 people on treatment through the Church’s programme, of a total of about 140 000 in South Africa. About 600 000 people of the roughly 6 million infected people qualify for treatment, but are not accessing it for various reasons. Adherence to treatment regimes is a major challenge since people need to be on treatment for the rest of their lives. Drug-resistance can develop, as we are seeing in the case of TB.

Drugs have become more widely available over the past couple of years, but long term there are limited options. Costs are still prohibitive for many people, and most generic drugs are not yet available in Church programmes. Treatment is not a cure, but a kind of mitigation, slowing down of the progression of the virus. There are side-effects, and not all people can be helped. Research continues in the drug arena, as well as for a vaccine.

• How can we better work in public-private partnerships for the good of all?
• What roles can and must we play as Church to support people on treatment?
Scripture: there are different kinds of service

“There are different kinds of gifts, but the same Spirit. There are different kinds of service, but the same Lord. There are different kinds of working, but the same God works all of them in all people. Now to each one the manifestation of the Spirit is given for the common good. .... All these are the work of one and the same Spirit, and he gives them to each one, just as he determines. (1 Cor 12:4-11)

Social Teaching: Our striving for the Common Good

- “We are called to love our neighbour as ourselves and to persevere in this conduct because we are all really responsible for everyone.”
- “The principle of the common good stems from the dignity, unity and equality of all people.
- “Social charity makes us love the common good.” (Paul VI).

Legal and ethical concerns

Testing for employment is illegal in South Africa and dismissal of HIV+ employees is considered an unfair labour practice. It continues to happen. Workplace issues are sometimes better addressed in larger companies where policies exist than they are in smaller ones or in the informal sector. Social grants are linked to advocacy issues in South Africa: people who need social assistance are entitled to it by law. Long term can this be sustainable for the country? The Children’s Bill in South Africa attempts to address inequities and inconsistencies still existing in current legislation. Ethical issues point to the grey areas where one person’s rights may infringe on those of another, eg my right to treatment may affect my unborn baby. Receiving money from donor organizations sometimes causes headaches and heartaches, and raises many questions.

- Where do we draw the line about receiving money? How do we avoid selling our souls?
- How do we deal with fraud and corruption issues even in our own Church projects?

Scripture: I have set you an example

“Now that I, your Lord and Teacher, have washed your feet, you also should wash one another’s feet. I have set you an example that you should do as I have done for you.” (Jn 13:14-15)

Social Teaching: Our Preferential Option for the Poor

- “The Church’s social doctrine requires that ownership of goods be equally accessible to all.”
- “The preferential option for the poor is affirmed”.
- “The Church’s love for the poor is inspired by the Gospel of the Beatitudes, by the poverty of Jesus and by his attention to the poor”
Challenges to the Church

- Are we welcoming of people with AIDS, or judgemental?
- Training of novices, seminarians, youth, ensuring theological education programmes. Building capacity across the board
- Dealing with ethical issues (use of condoms, particular aspects of treatment) rather than hiding behind Church teaching.
- How do we break the silence, bring hope and healing through the sacraments?
- Diocesan projects need to collaborate with government departments How do we foster better relationships with government departments, other Churches, various NGOs, business, funders?
- How do we work with OVC?
- Building the capacity of the clergy to engage with the community
- Developing the capacity of youth at diocesan level
- Parishes taking ownership of AIDS projects
- Working on a spirituality of sexuality to create mutuality and equality
- Seeing our work around AIDS as ushering in the Kingdom of God.
- We are a credible organization, needing always to become a credible organization; in need of constant conversion.
- We are of the Kingdom, and at the same time we need to conduct our affairs in a professional way.

In the face of the realities of the AIDS pandemic
We recognize that
- Scientists and researchers are far from finding a cure
- Research to discover a vaccine has a long way to go.
- Some of the underlying causes of the spread of HIV infection in our society are systemic.
- We are sometimes indifferent because it happens to “them” and not to “us”.
- We often remain silent in the face of injustice.
- We are sometimes guilty of stigma and discrimination.

We want to pray for
- Those involved in scientific research that their labours may be rewarded.
- The development of vaccines.
- The recognition that we seek a cure from selfishness, exploitation and violence.
- The people on ARV treatment, those who have been given a second chance.
- The people for whom treatment is not an option.
- The many children left orphans and made vulnerable because of AIDS.
• The caregivers who lovingly care for the sick and the dying.

And so, we commit ourselves to
• Espouse responsible healthy life choices.
• Speak frankly and openly with our children and families about issues of sexuality and HIV.
• Challenge stigma and discrimination wherever we find it
• Break the silence about HIV and AIDS
• Become involved in some way
• Bring Christ to one another in the way we live our lives.
• Pledge our support to the fight against AIDS.

“Our prayer is always full of hope”
SECAM, DAKAR 2003, PLAN OF ACTION

In solidarity with you, we commit ourselves to:

1. Utilise and increase the human, material, and financial resources dedicated to address the situation of HIV and AIDS in our communities, and to identify focal points in parishes, dioceses, and national Episcopal conferences in order to assist with gathering information and development of programme strategies. continental level in the struggle against the pandemic.

2. Make sure that the health services of the Church, the social services and the educational institutions respond appropriately to the needs of those who are ill with AIDS.

3. Focus on the particular vulnerability of girls and the heavy burden on women in the context of the HIV pandemic in Africa

4. Advocate vigorously for access to treatment for those who are prevented from obtaining it through poverty and structural injustices.

5. Involve those who are knowledgeable about traditional medicines and other natural remedies in research into means of struggling against AIDS.

Faithful to our Gospel convictions, with you we commit ourselves to:

1. Collaborate with other Christian confessions and with people of other faiths working in their respective communities to support those affected and infected by HIV/AIDS.

2. Promote closer partnerships with civil society, the business sector, governments, the United Nations, international and intergovernmental

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3 From the message given by the SACBC at the celebrations of the feast of the Assumption, August 2006, Cape Town
4 Action Plan following the pastoral message of the Bishops of SECAM, Dakar, November 2003
agencies, and particularly with organisations of people living with HIV and AIDS, in order to increase the capacity for care and support, without diluting our evangelical convictions.

**Facing the serious threat of AIDS, with you we are committed to:**

1. Promote changes of mentality, attitude and behaviour necessary for confronting the challenge of the pandemic.
2. Work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norms and practices which perpetuate such stigma and discrimination.
3. Play a major role in eradicating the damaging myths of stigma and discrimination by facilitating Voluntary Counselling and Testing (VCT) so that those who are infected might benefit from the care and support they need. This will also help better to control mother-to-child transmission.
4. Advocate with government at all levels and with inter-governmental organizations to establish policy priorities that adequately support those affected by HIV and AIDS, that provide access to care and treatment and a life of dignity for people living with HIV and AIDS, and that implement the commitments made at various inter-governmental meetings.

**In shared responsibility with you, we commit ourselves to:**

1. Develop educational programmes which integrate the theme of HIV/AIDS in theology and religious formation. These programmes will also include moral principles and practical skills for promoting healthy relationships and a well-integrated sexuality.
2. Promote and deepen theological reflection on the virtues of compassion, love, healing, reconciliation, and hope, all of which are capable of confronting the judgement, shame, and fear that so often are associated with HIV and AIDS.
3. Organize workshops at the regional, national, diocesan and parish levels in order to increase accurate knowledge and sensitivity around all HIV and AIDS-related issues relevant to our Church.
4. Encourage people living with HIV/AIDS or affected by it to become actively involved, in our local communities, as resource persons in the struggle against the pandemic.

**Finally, as Pastors of the Church Family of God in Africa in a time of AIDS, we want to:**

1. Train clergy, religious, and committed laity to accompany people living with and affected by HIV and AIDS with prayer and spiritual counselling.
2. Provide doctrinal, spiritual and social formation, and the best possible professional training, for those willing to become involved in caring for and accompanying those who are living with and affected by HIV/AIDS.

3. Welcome people living with HIV and AIDS in a warm, non-judgemental and compassionate manner in our churches and ensure them a “place at the table of the Lord.”

4. Provide the sacraments and sacramentals, as appropriate and requested, to Catholics living with the virus.

5. Put into action the challenge addressed by our Holy Father Pope John Paul II to the Church in our continent through his Apostolic Exhortation, *Ecclesia in Africa*:

“The battle against AIDS ought to be everyone's battle. Echoing the voice of the Synod Fathers, I too ask pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual comfort. I urgently ask the world's scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge.” (John Paul II, *Ecclesia in Africa*)